U S Department of Labor Office of Labor Management Standards Washington DG-20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E GROP		
1 File Number U 79096	2 Fiscal Year Covered From	
	1 / 1 / 705 Through 12 / 51 / 705	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Keith L Baguer	Name Plumbers AFL-CiO Local Chion 68	
	Labor Organization File Number 059-449	
PO Box Bldg Room No If any	PO Box Building and Room Number if any ROBOK 8746	
Street SAR BANDAS WYU Rd.	Street 502 Link Pd.	
city [HighLands"]	City Houston	
State 27562	State Texas ZIP Code + 4 77219-8746	
5 Position in labor organization Comunity enum.		
Enter appropriate data below if during the pest fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income	
Name Houson Aren Pumbing Joint APP Con	WI/11/2005 CKH 768 - wages for MAKE UP CLASS	
Trade Name if any A493AC		
PO Box Bldg Room No If any Po Bax 8653 1 3	7 b Amount	
Street USU Link Rd		
City Aguston	767 24.	
State		
Sign	nature	
15. Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany undersigned s knowledge and belief true correct and complete (See the se	ying documents) has been examined by the signatory and is to the best of the	
Signed Livik Boyly	on 3/30/06	
, , , ,	Date Telephone Number	

Name of Person Filing	Reith	- BAS	4

Part A Contin	uation Page
A. Held an interest in engaged in transactions (including loans) with or derived employees your organization represents or is actively seeking to represent	ncome or other economic benefit of monetary value from an employer whose
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
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Trade Name, if any LIAPZAC	
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city Houston	
State ZIP Code + 4 7 72/7 - 861	<b>-</b>
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PO Box Bldg Room No If any	7 b Amount
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City Houston	· C67:24
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City Hypiston	178.16:5
State 77719-86	3

Name of Person Filing	Keith	BA-	ley

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6 Name and address of Employer (including trace name if any)	7 a Nature of Interest Transaction or Income
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Street 1959 CWS (Cd.) City House State 21500+47,009-500	7 b. Amount.
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6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
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PO Box Bldg Room No If any PO 1013	7 b Amount
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State ZIP Code + 4 7/7/5-809	

Name of	Person	Filing

Part A Continuation Page			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is artively seeking to represent.			
6 Name and address of Employer (including trace name if any)  Name HAP SAC  Trade Name, if any HAP SAC  P O Box Bidg Room No if any CO SOX 8055  Street CSU WAR Room Street City Language State  ZiP Code +4 7518 86	7 a Nature of Interest, Transaction or Income  6/2/200 CK# 2/209 pod9  While Attended CK  The August  7 b. Amount		
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6 Name and address of Employer (including trace name if any)	7 a Nature of Interest, Transaction or Income	
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CHY [Houston!	(_37.4.4.4.1)	
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Trade Name if any AARSAC		
PO Box Bldg Room No if any PO 1504, 8633	7 b Amount	
Street 454 GMK Kal	106 50	
city Haston;	[ /00 3 - [ ]	
State TX 21P Code + 4 77 545 - 865		

Name of Person Filing	File Number U
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent or irectly to or otherwise
8 Name and address of Business (including tradic name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name  Trade Name if any  PO Box Bldg Room No if any  Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  12 b Amount
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
	14 a Nature of payment.
13 a Name and address of Employer or Labor Ri lations Consultant (Including trade name if any)  Name  Trade Name if any  PO Box Bldg Room No if any  Street  ZIF Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment